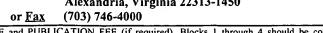
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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(Depositor's name)	Urhan	andra A,	s
(Signature)	· Orlan	ndin (1	Sh
(Date)		/2/04	\mathcal{L}_{2}

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/910,442 07/20/2001		Rajagopal Bakthavatchalam	NCX-003.01	2748

TITLE OF INVENTION: CAPSAICIN RECEPTOR LIGANDS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO .	\$1330	\$300	\$1630	02/09/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS]	
HABTE, KAHSAY		1624	514-284000		

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☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

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Please check the appropriate assignee cat	egory or categories (will not b	e printed on the patent);	☐ individual	corporation or other private group entity	government
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